MONTGOMERY COUNTY GOVERNMENT DEPARTMENT OF FINANCE DIVISION OF TREASURY

255 Rockville Pike, Suite L-15 Rockville, Maryland 20850 Phone (240) 777-8994 Fax (240)777-8954

CLAIM FOR REFUND OF SPECIAL TAXES

Name of Taxpayer Claimant	Phone Number (including area code)				
Name of Taxpayer Claimant	Phone Number (including area code)				
Address (Number and Street)	City	State	Zip Code		
Person to contact regarding claim		Phone Number ()			
Type of tax refund claimed		Acct. Numbe	r		
Total amount of refund claimed \$					
In general, how did overpayment of tax	occur?				
Dates of tax overpayment					
What other taxes, fees or charges does	claimant pay to Montgomer	y County?			
Type of Tax	Acct. Number	Type of Tax	Acct. Number		
Details of refund claimed by <u>tax period</u> amount of change).	s (include explanation, origi	nal quantities, tax, correcte	ed quantities, corrected tax and		
I, the undersigned, herewith request fro tax that was erroneously paid to Montg claim for refund including all supportin best of my knowledge.	omery County, Maryland. I	further declare under the p	enalties provided by law that this		
oest of my knowledge.					
Signature	Title	.	Date		

Page 2 INFORMATION AND INSTRUCTIONS FOR FILING REFUND CLAIMS

Preparing and Filing the Refund Claim

Complete all information requested. If additional space is required for any items, attach a separate sheet appropriately referenced.

Questions regarding the refund claim may be addressed to Montgomery County Government, Division of Treasury, 255 Rockville Pike, Suite L-15, Rockville, Maryland 20850. Telephone (240) 777-8994. The completed refund claim should be filed at the same address.

Filing Deadline

Claim for refund of Special Taxes must be filed within three years from the date of the erroneous payment of the special tax or the claim will be denied due to statute of limitations.

Other Taxes Outstanding

No allowed claim for refund shall be paid until all other county taxes, fees or charges due by the person entitled to such refund have been paid in full.

Interest on Amount of Refund

Interest at the rate of six percent per annum shall be paid on such amounts refunded accounting from the date the taxes, penalties or interest so refunded were paid but, interest shall not be paid on tax refunds where the tax originally paid was paid in whole or part by reason of a mistake or error on the part of the taxpayer and not attributed to the county.

Appeal Rights

The first right of appeal is with the Chief of the Division of Treasury. Requests for a hearing before the Chief of the Division of Treasury must be in writing and received by this office within thirty days of notification regarding the refund claim. Should you not be satisfied with the results of the hearing, you may appeal to the Maryland Tax Court and from the action of the Maryland Tax Court you may appeal to the Court of the State.

For Montgomery County Government Use Only

RESULTS OF INVESTIGATION OF REFUND CLAIM

<u>RECOMMENDATION</u>

Authorized as claimed Recommended tax refund \$				on	Denied	
				Total \$		
Ву:		Title:			Date:	
VERIFICATION OF LIABILI	TY FOR OTHER CO	OUNTY TAXES				
Type of Tax	Paid Through	Balance Due	Source	Date	Verified By	
				<u> </u>		
	_			<u> </u>	-	
DIRECTOR OF FINANCE RE	EVIEW					
Refund Claim Approved_					_	
	Signature, Director of Finance			Date		
Refund Claim Denied						
	Signature, Direct	Signature, Director of Finance			Date	